RETURN TO:

EMPLOYER SERVICES
TN DEPT OF LABOR AND WORKFORCE DEVELOPMENT
500 JAMES ROBERTSON PARKWAY, 8TH FLOOR
NASHVILLE TN 37245-3555

(615) 741-2486

FAX (615) 741-7214

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT



APPLICATION FOR CLIENT NUMBER

Staff Leasing Co. State No. Staff Leasing Co. State No. Staff Leasing Co. Name 18. Enter Client Company Information Client's Employer Name Client's Employer Name Client's Mailing Address 2. Clent's PHYSICAL BusiNESS ADDRESS in Transessee if different from above: CLIENT'S COMPANY PHONE: (1A. En	nter Staff Leasing Company Inform	nation		OFFICIAL USE ONLY						
Staff Leasing Co. Name 18. Enter Client Company Information Client's Employer Name Client's Employer Name Client's Employer Name Client's Trade Name Client's PHYSICAL BUSINESS ADDRESS in Tennessee if different from above: CLIENT'S COMPANY PHONE: (Staff Leasing Co. State No.				Tennessee ID#			.No. SIC County		/ Area	
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NOTE: If client arganization is exempt from Federal Income Taxes under Section 601(C) (3) of the IRS Code, attach a capy of letter of exemption. 3. CHECK (S) FORM OF ORGANIZATION INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LABILITY COMPANY LIMITED LABILITY COMPANY LIMITED LABILITY COMPANY CORPORATION COTHER NOTE: If client is a Limited Liability Company, are you treated by IRS as a(n) Individual Proprietorship Partnership or as a Corporation 5. Name of person responsible for payroll records Phone Number 6. A. Number of client's workers in Tennessee B. Date client's workers first employed by staff leasing company in Tennessee C. Date client's workers first paid by staff leasing company in Tennessee 7. Briefly describe the major business activity of the client company's account to be covered, listing any products produced or sold, or service provided. Be as descriptive as possible. In what Iennessee Country is the client company (orated? (If account covers sales reps or other personnel working from home, list country of residence. If county is unknown, list city of residence.) For the work location covered by this application, is the main activity to: (Check one) Support other locations of the client company (if you check this, please specify below) HEADQUARTERS (e.g.: Corporate or regional management offices) ADMINISTRATIVE, OTHER THAN HEADQUARTERS (e.g. data processing, public relations) RESEARCH (e.g.: R. & D. product testing, laboratory) STORAGE (e.g.: warehouse, distribution center, equipment yard) OTHER (please describe) (e.g.: Repair shop, security office, maintenance, employee recreasion facility) Please check the box describing client company's major business activity: Agriculture, Foresty, Fishing, Hunting Transportation and Warehousing Educational Services Manufacturing Professional, Scientific, Technical Services Public Administration Public Administration Public Administration Public Administration Public Administration Public Administration						BER: ()				
6. A. Number of client's workers in Tennessee	3. CHECK OF CLIE	(X) FORM OF ORGANIZATION ENT COMPANY INDIVIDUAL PARTNERSHIP CORPORATION _ LIMITED LIABILITY COMPANY _ LIMITED PARTNERSHIP _ OTHER _	4. Name of Client Company's Par Officers, Limited Liability Comp and Managers (if Board Mana Partners (Attach separate she	rtners, pany N nged), et if n	Corpora dembers Genera ecessar	ate S	ocial Security	Number	Residentia and F	al Address Phone	
6. A. Number of client's workers in Tennessee											
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